

STATE OF NEVADA
COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
400 W. King Street, Suite 106
Carson City, Nevada 89703
(775) 684-7040 | Fax (775) 684-7052

OIL AND GAS REPORT OF SUBSURFACE INJECTIONS

Producer: _____ Month of: _____, 20____

Address: _____

Field Name: _____ County: _____

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

PERMIT NO.	WELL NO.	FLUIDS INJECTED		INJECTION PRESSURE, psi	RESERVOIR FORMATION	RESERVOIR DEPTH
		GAS OR OTHER	MCF OR BBL.			

Remarks:

I certify this information to be true, correct and complete and that no pertinent matter inquired about in this report has been omitted.

Signature: _____

Position: _____

Date: _____, 20____